

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **08/561,558** FILING DATE **11-22-95**
APPLICANT(S) *Philip E. Eggers et al*

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4							
5							
6		1					
7		1					
8							
9							
10		1					
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17		1					
18		1					
19		1					
20							
21							
22							
23	1						
24		1					
25		1					
26		1					
27		1					
28		1					
29		1					
30		1					
31		1					
32		1					
33		1					
34		1					
35		1					
36		1					
37		1					
38		1					
39		1					
40		1					
41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48	1						
49	1						
50	1						
TOTAL IND.	5						
TOTAL DEP.	5	5					
TOTAL CLAIMS	5	6					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1				11	1
52	1				102	1
53	1				103	1
54	1				104	1
55	1				105	1
56	1				106	
57					107	
58	1				108	
59	1				109	
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74	1					
75	1					
76	1					
77						
78						
79						
80						
81	8	1				
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						